CMS Region 7 Updates

Marketplace Updates

Getting Ready for Tax Season
January 8 - By Kevin Counihan, CEO HealthCare.gov

CMS BLOG

Blog link (English):
http://blog.cms.gov/2016/01/08/getting-ready-for-tax-season/
Blog link (Español):
http://blog.cms.gov/2016/01/08/preparese-para-la-temporada-de-impuestos/

As we settle in to the New Year, many Americans are already keeping an eye on their mailbox for tax forms. January means tax season is just around the corner. As you begin to make a plan for gathering the information you need to file your taxes, it's important to remember that, just like last year, information about your health coverage is now a part of the tax filing process. Having health insurance when you can afford it is the law. If you had coverage in 2015 – either through the Health Insurance Marketplace or another source like your employer, Medicare or Medicaid – you'll need to indicate that when you file your tax return. If you could have afforded health insurance, but you chose not to enroll in coverage for 2015, you may be required to pay a fee when you file your federal income tax return.

To help you get a head start on planning for tax season, here's what people with different health coverage situations need to know:

What you should know if you have Marketplace coverage.
If you enrolled in a health plan through HealthCare.gov or your state's Health Insurance Marketplace in 2015, you'll soon receive an important tax document in the mail, called a Form 1095-A. Your 1095-A includes important information you need in order to complete your 2015 Federal income tax return. You should wait to file your income tax return until you receive this document in the mail. It should arrive by early February. When it arrives, keep it with your other tax records, like the W-2 you get from your employer.

If you are one of the millions of Americans who benefitted from financial help to lower the cost of your monthly health insurance premiums, you are required to file a tax return and report the amount of financial assistance you received. Now that you know your final income for the year, you need to reconcile the difference between the amount of financial assistance you received during the year to help lower the cost of your premiums with the actual amount you should have received based on your 2015 earnings. Information included on your Form 1095-A will help you do this. If you do not file a tax return and reconcile your financial help, you will not be eligible to receive financial help in the future.

What you should know if you have health insurance through your employer, Medicare or Medicaid.
If you and everyone in your household had coverage for the entire year through your employer, Medicare, Medicaid or other qualifying coverage from another source, you'll simply need to check a box on your federal income tax return to indicate that you had coverage for all of 2015. You might receive a tax document called a Form 1095-B or a Form 1095-C in the mail from your employer, your insurance company, or the government program that provides your coverage, like Medicare or Medicaid. You don't need to attach this information to your tax return or wait to receive the form before filling your tax return out, but if you receive one this year you should keep it in a safe place with your other tax records.

What you should know if you didn't have health coverage in 2015.
If you didn't have health coverage for all or part of 2015, you either will have to pay a fee with your federal income tax return or will need to qualify for a health coverage exemption.

- **Pay the fee:** If affordable health insurance options were available, but you chose to

not enroll in coverage for 2015 and you do not qualify for an exemption, you may be required to pay a fee when you file your 2015 federal income taxes. The fee for not having health coverage in 2015 is generally $325 per person or 2 percent of your annual household income – whichever is higher.

- **Qualify for an exemption:** While those who can afford health coverage but chose not to enroll may have to pay a fee, people who couldn't afford coverage or met other conditions can receive an exemption from the requirement to purchase health insurance for 2015. A tool is available on HealthCare.gov to help you determine if you might qualify for an exemption.

It's important that everyone knows the fee for not having coverage is increasing this year. If people go without coverage in 2016, the fee you'll have to pay next year will increase to $695 or 2.5 percent of your income – whichever is higher.

The good news is Open Enrollment for 2016 coverage through HealthCare.gov is happening now and runs through January 31. If you need coverage and want to avoid paying a fee next year, you must sign up for coverage before the January 31 deadline. If you do not purchase coverage for the remainder of 2016, you'll risk having to pay the fee next year for the entire year when you file your 2016 income taxes.

Help is available. If you have questions about Marketplace tax forms, qualifying for exemptions, the fee, or signing up for coverage through HealthCare.gov you should contact the Marketplace Call Center. The call center is open all day, every day at 1-800-318-2596. Additional resources and information is also available www.healthcare.gov/taxes or www.IRS.gov/aca.

Blog link (Español):
Blog link (English):

Preparándose para la temporada de impuestos
Por Kevin Counihan, CEO de HealthCare.gov y CuidadodeSalud.gov

Mientras le damos la bienvenida al Año Nuevo, muchos estadounidenses ya están revisando su buzón de correo esperando los formularios de los impuestos. Enero significa que la temporada de preparar los impuestos está cerca. Al comenzar a planear la recopilación de la información necesaria para presentar sus impuestos, es importante recordar que, al igual que el año pasado, la información sobre su cobertura de salud es ahora una parte del proceso de presentación de impuestos.

Tener un seguro de salud cuando si se lo puede permitir es la ley. Si usted tuvo cobertura en 2015, ya sea a través del Mercado de Seguros Médicos o de otra fuente como de su empleador, Medicare o Medicaid, tendrá que indicar dicha información cuando presente su declaración de impuestos. Si usted hubiera podido tener seguro de salud, pero optó por no inscribirse en la cobertura para el 2015, es posible que tenga que pagar una multa cuando presente su declaración de impuestos federales.

Para ayudarle en la planificación para la temporada de impuestos, esto es lo que las personas con diferentes situaciones de cobertura de salud necesitan saber:

Lo que debe saber si tiene cobertura del Mercado de Seguros Médicos.
Si usted se inscribió en un seguro de salud a través de HealthCare.gov (o CuidadodeSalud.gov) o el Mercado de Seguros

Médicos de su estado en el 2015, pronto recibirá un documento fiscal en el correo, llamado Formulario 1095-A. Su 1095-A incluye información importante que necesita con el fin de completar su declaración de impuestos federal del 2015. Usted debe esperar a que le llegue este documento en el correo antes de presentar su declaración de impuestos. Le deberá llegar a principios de febrero. Guarde este formulario con sus otros documentos de impuestos, como el W-2 que recibe de su empleador.

Si usted es uno de los millones de estadounidenses que se beneficiaron de la ayuda financiera para reducir el costo de sus primas mensuales del seguro médico, usted está obligado a presentar una declaración de impuestos y reportar la cantidad de ayuda financiera que recibió. Ahora que usted sabe cuál fue su ingreso final del año, es necesario reconciliar la diferencia entre la cantidad de la ayuda financiera que recibió durante el año para ayudar a reducir el costo de sus primas con la cantidad real que debería haber recibido en base a sus ingresos del 2015. La información incluida en el Formulario 1095-A le ayudará a hacer esto. Si usted no presenta una declaración de impuestos y reconcilia su ayuda financiera, usted no podrá calificar para recibir ayuda financiera en el futuro.

Lo que debe saber si tiene seguro de salud a través de su empleador, Medicare o Medicaid.

Si usted y todas las personas en su hogar tuvieron cobertura por todo el año a través de su empleador, Medicare, Medicaid u otra cobertura equivalente de otra fuente, usted sólo tendrá que marcar una casilla en su declaración de impuestos federales para indicar que tuvo cobertura durante todo el año 2015. Usted podría recibir un documento de impuestos llamado Formulario 1095-B o el Formulario 1095-C en el correo de parte de su empleador, su compañía de seguros, o el programa gubernamental que proporciona su cobertura, como Medicare o Medicaid. No es necesario adjuntar esta información a su declaración de impuestos o esperar a recibir el formulario antes de llenar su declaración de impuestos, pero si usted recibe dicho documento este año debe conservarlo en un lugar seguro con sus otros documentos de impuestos.

Lo que debe saber si usted no tuvo cobertura de salud en el año 2015.
Si usted no tuvo cobertura de salud por todo o parte del año 2015, tendrá que pagar una multa con su declaración de impuestos federales o deberá calificar para una exención de la cobertura de salud.

- **Pagar la multa:** Si usted tuvo opciones disponibles de seguro de salud a su alcance económico pero optó por no inscribirse en la cobertura para el año 2015 y no califica para una exención, es posible que tenga que pagar una multa cuando presente sus impuestos federales del 2015. El costo por no tener cobertura de salud en el año 2015 es generalmente $325 por persona o 2 por ciento de su ingreso familiar anual - cual sea mayor.

- **Calificar para una exención:** Mientras que algunas personas podrían tener que pagar una multa porque pueden pagar la cobertura de salud pero optan por no

inscribirse, otras personas que no pueden pagar la cobertura o cumplen con otras condiciones podrían recibir una exención de la obligación de adquirir un seguro de salud para el año 2015. Una herramienta está disponible en CuidadodeSalud.gov para ayudarle a determinar si usted podría calificar para una exención.

Es importante que la gente sepa que la multa por no tener cobertura está aumentando este año. Si la gente se queda sin cobertura en el 2016, la multa que tendrá que pagar el próximo año sube a $695 o 2.5 por ciento de sus ingresos - cual sea mayor.

La buena noticia es que la Inscripción Abierta para la cobertura de 2016 a través de HealthCare.gov o CuidadodeSalud.gov sigue hasta el 31 de enero. Si necesita cobertura y desea evitar el pago de una multa el próximo año, debe inscribirse en la cobertura antes de la fecha límite de 31 de enero. Si usted no compra la cobertura para el resto del 2016, usted corre el riesgo de tener que pagar la multa cuando presente sus impuestos del año 2016.

Hay ayuda disponible. Si tiene preguntas acerca de los formularios de impuestos del Mercado de Seguros Médicos, como se califica para las exenciones, la multa, o como inscribirse en la cobertura a través de HealthCare.gov o CuidadodeSalud.gov debe comunicarse con el Centro de Llamadas del Mercado. El centro de llamadas está disponible todo el día, todos los días llamando al 1-800-318-2596. Recursos adicionales e información también están disponibles en www.cuidadodesalud.gov/es/taxes/ o www.irs.gov/Spanish/Disposiciones-Tributarias-de-la-Ley-de-Cuidado-de-Salud-a-Bajo-Precio.

###

Opportunity to Comment on the FFM Application by Feb 1

The Centers for Medicare and Medicaid Services is inviting comments on the data it collects from consumers through the Federally Facilitated Marketplace application (such as contact information and all types of eligibility information). Specifically, it is looking for feedback on the necessity and utility of the information and ways to improve how it collects information. This comment opportunity can be a great way for assisters to weigh in on how the application questions (both paper and electronic) can be improved to better help consumers receive accurate eligibility determinations. Comments are due by COB Monday, February 1st and can be submitted electronically or in paper form. More information on the comment opportunity can be found here and directions for submitting comments can be found here under the Addresses heading.

###

Plan Selections by ZIP Code in the Health Insurance Marketplace: January 2016

The zip code information combined with market enrollment totals can be found here.

January 2016 Zip Code Enrollment Data File

The dataset provides the total number of Qualified Health Plan selections by ZIP Code for the 38 states that use the HealthCare.gov platform, including the Federally-facilitated Marketplace, State Partnership Marketplaces and supported State-based Marketplaces, during the Marketplace open enrollment period to date (November 1, 2015 – January 9, 2016).

The data represent the net number of unique individuals who have been determined eligible to enroll in a Marketplace plan and had selected a plan for 2016 coverage by January 9, 2016. The dataset does not include plan selections from the District of Columbia and 12 other states that have State-based Marketplaces.

The 8.68 million plan selections for these 38 states were tabulated by ZIP Code according to the home address provided by each Marketplace applicant. Data for ZIP Codes with 50 or fewer plan selections are suppressed due to privacy concerns. A total of 14,791 ZIP Codes from the 38 states are listed in the table, which account for 8,483,819 plan selections. ZIP Codes without data account for only 2 percent (198,652 plan selections) of the total 8.68 million plan selections.

The sum of plan selections among ZIP Codes within a state using this dataset may not be equal to state-level totals provided in other documents. This is because ZIP Code-level data do not appear for ZIP Codes with 50 or fewer plan selections, and as a result the dataset does not include all plan selections within a state. Additionally, in a small number of cases, the state of Marketplace enrollment may not correspond to the state in the address provided — for example, individuals with a seasonal address.

Variables

The following information is included within the dataset:
•ZIP Code: the United States Postal Service ZIP Code for the home address provided by the Marketplace applicant.
•State Name: the state corresponding to the ZIP Code.

•Plan Selections: the total number of unique individuals who have been determined eligible to enroll in a Marketplace plan and have selected a plan through one of the 38 states described above during Marketplace open enrollment period to date, through January 9, 2016.

###

Health Insurance Marketplace Open Enrollment Snapshot
Week 10: January 3, 2016 – January 9, 2016

Since Open Enrollment began on November 1, nearly 8.7 million consumers signed-up for health coverage through the HealthCare.gov platform or had their coverage automatically renewed. This week's snapshot includes weekly and cumulative data for enrollment through HealthCare.gov, a breakdown of cumulative data for 38 states using the HealthCare.gov platform, and for the first time this Open Enrollment, cumulative data for certain local areas.

"Consumers have only two days left before the January 15 deadline to sign up for coverage starting February 1," HHS Secretary Sylvia Burwell said. "We saw unprecedented demand for January 1st coverage and continue to make steady progress signing up new customers as open enrollment proceeds. We are focused on educating customers about the affordable options at HealthCare.gov and providing them the help they need to make the best coverage choices."

Similar to last year, each week, the Centers for Medicare and Medicaid Services (CMS) will release weekly Open Enrollment snapshots for the HealthCare.gov platform, which is used by the Federally-facilitated Marketplaces and State Partnership Marketplaces, as well as some State-based Marketplaces. These snapshots provide point-in-time estimates of weekly plan selections, call center activity and visits to HealthCare.gov or CuidadoDeSalud.gov. The final number of plan selections associated with enrollment activity to date could fluctuate as plan changes or cancellations occur, such as in response to life changes like starting a new job or getting married. In addition, the weekly snapshot only looks at plan selections and does not include the number of consumers who paid their premiums to effectuate their enrollment.

HHS will continue to produce more detailed reports that look at plan selections across the Federally-facilitated Marketplace and State-based Marketplaces later in the Open Enrollment period.

Definitions and details on the data are included in the glossary.

Federal Marketplace Snapshot	Week 10 Jan 3 – Jan 9	Cumulative Nov 1 – Jan 9
Plan Selections (net)	74,239	8,682,471
Applications Submitted (Number of Consumers)	253,565	11,066,884
Call Center Volume	830,465	10,397,132
Average Call Center Wait Time	1 minute 21 seconds	10 minutes 33 seconds
Calls with Spanish Speaking Representative	63,777	619,274
Average Wait for Spanish Speaking Rep	9 seconds	20 seconds
HealthCare.gov Users	1,970,588	21,283,462

CuidadoDeSalud.gov Users	148,444	1,079,026
Window Shopping HealthCare.gov Users	503,652	7,491,314
Window Shopping CuidadoDeSalud.gov Users	10,110	147,314

HealthCare.gov State-by-State Snapshot

Consumers across the country continued to explore their health insurance options by reaching out to a call center representative at 1-800-318-2596, attending enrollment events in their local communities, or visiting HealthCare.gov or CuidadoDeSalud.gov. Individual plan selections for the states using the HealthCare.gov platform include:

Week 10	Cumulative Plan Selections Nov 1 – Jan 9
Alabama	179,115
Alaska	21,671
Arizona	176,089
Arkansas	66,635
Delaware	26,698
Florida	1,583,088
Georgia	522,895
Hawaii	11,949
Illinois	348,932
Indiana	183,185
Iowa	50,083
Kansas	89,229
Louisiana	193,249
Maine	78,891
Michigan	325,200
Mississippi	96,984
Missouri	260,798
Montana	55,474
Nebraska	80,128
Nevada	77,411
New Hampshire	51,048
New Jersey	262,400
New Mexico	48,385
North Carolina	563,830
North Dakota	20,046
Ohio	226,156
Oklahoma	130,700
Oregon	134,629
Pennsylvania	411,675
South Carolina	203,634

South Dakota	23,320	
Tennessee	238,945	
Texas	1,120,440	
Utah	153,222	
Virginia	390,029	
West Virginia	34,827	
Wisconsin	220,260	
Wyoming	21,221	

HealthCare.gov Local Market Snapshot

The Week 10 snapshot includes, for the first time this Open Enrollment, a look at plan section by Designated Market Areas (DMAs) which are local media markets. This data provides another level of detail to better understand total plan selections within local communities. Some DMAs include one or more counties in a state that is not using the HealthCare.gov platform in 2016. Plan selections for those DMAs only include data for the portions of these areas that are using the HealthCare.gov platform, so the cumulative totals in the snapshot do not represent plan selections for the entire DMA. In addition, some DMAs cross into multiple states that use the HealthCare.gov platform and those totals are cumulative for all HealthCare.gov states in that DMA. Because some communities do not fall into a DMA, cumulative plan selections for local markets will not total the national cumulative plan selection number.

Local Markets in HealthCare.gov States	State	Cumulative Plan Selections Nov 1 – Jan 9
Abilene-Sweetwater	Texas	9,364
Albany	Georgia	14,939
Albuquerque-Santa Fe	New Mexico	41,433
Alexandria	Louisiana	8,770
Alpena	Michigan	1,941
Amarillo	Texas	13,279
Anchorage	Alaska	13,942
Atlanta	Georgia	394,458
Augusta	Georgia	29,967
Austin	Texas	112,628
Bangor	Maine	22,144
Baton Rouge	Louisiana	41,186
Beaumont-Port Arthur	Texas	13,541
Bend	Oregon	9,967
Billings	Montana	15,640
Biloxi-Gulfport	Mississippi	8,802
Birmingham (Ann and Tusc)	Alabama	70,898
Bluefield-Beckley-Oak Hill	West Virginia	7,391

Boise	Idaho	875
Boston (Manchester)	Massachusetts	40,712
Buffalo	New York	1,217
Burlington-Plattsburgh	Vermont	4,818
Butte-Bozeman	Montana	9,264
Casper-Riverton	Wyoming	4,604
Cedar Rapids-Wtrlo-Iwc & Dub	Iowa	15,251
Champaign & Sprngfld-Decatur	Illinois	22,852
Charleston	South Carolina	41,274
Charleston-Huntington	West Virginia	16,116
Charlotte	North Carolina	189,940
Charlottesville	Virginia	15,145
Chattanooga	Tennessee	36,393
Cheyenne-Scottsbluf	Wyoming	6,038
Chicago	Illinois	278,687
Cincinnati	Ohio	44,946
Clarksburg-Weston	West Virginia	5,737
Cleveland-Akron (Canton)	Ohio	81,207
Columbia	South Carolina	39,227
Columbia-Jefferson City	Missouri	20,853
Columbus	Georgia	18,677
Columbus	Ohio	44,189
Columbus-Tupelo-West Point	Mississippi	12,678
Corpus Christi	Texas	17,604
Dallas-Ft. Worth	Texas	333,105
Davenport-R. Island-Moline	Iowa/Illinois	16,188
Dayton	Ohio	21,450
Denver	Colorado	6,705
Des Moines-Ames	Iowa	18,680
Detroit	Michigan	168,624
Dothan	Alabama	8,962
Duluth-Superior	Minnesota	6,535
El Paso (Las Cruces)	Texas	56,719
Elmira (Corning)	New York	1,149
Erie	New York	8,425
Eugene	Oregon	18,871
Evansville	Indiana	14,057
Fairbanks	Alaska	2,660
Fargo-Valley City	North Dakota	10,393
Flint-Saginaw-Bay City	Michigan	29,645
Ft. Myers-Naples	Florida	84,257
Ft. Smith-Fay-Sprngdl-Rgrs	Arkansas	21,599
Ft. Wayne	Indiana	21,401

Gainesville	Florida	18,136
Glendive	Montana	530
Grand Rapids-Kalmzoo-B.Crk	Michigan	65,950
Great Falls	Montana	7,695
Green Bay-Appleton	Wisconsin	49,004
Greensboro-H.Point-W.Salem	North Carolina	101,278
Greenville-N.Bern-Washngtn	North Carolina	40,539
Greenvll-Spart-Ashevll-And	North Carolina	110,013
Greenwood-Greenville	Mississippi	6,780
Harlingen-Wslco-Brnsvl-Mca	Texas	48,639
Harrisburg-Lncstr-Leb-York	Pennsylvania	59,028
Harrisonburg	Virginia	11,652
Hattiesburg-Laurel	Mississippi	10,713
Helena	Montana	2,581
Honolulu	Hawaii	11,949
Houston	Texas	298,346
Huntsville-Decatur	Alabama	35,878
Idaho Falls-Pocatello	Idaho	2,711
Indianapolis	Indiana	83,652
Jackson	Mississippi	38,558
Jackson	Tennessee	10,827
Jacksonville	Florida	94,591
Johnstown-Altoona	Pennsylvania	18,691
Jonesboro	Arkansas	5,419
Joplin-Pittsburg	Missouri	14,679
Juneau	Alaska	3,010
Kansas City	Kansas/Missouri	98,082
Knoxville	Tennessee	47,986
La Crosse-Eau Claire	Wisconsin	23,137
Lafayette	Indiana	3,102
Lafayette	Louisiana	24,003
Lake Charles	Louisiana	6,591
Lansing	Michigan	14,667
Laredo	Texas	12,225
Las Vegas	Nevada	54,593
Lima	Ohio	1,571
Lincoln & Hastings-Krny	Nebraska	35,750
Little Rock-Pine Bluff	Arkansas	32,178
Louisville	Kentucky	8,392
Lubbock	Texas	12,182
Macon	Georgia	21,213
Madison	Wisconsin	32,594
Marquette	Michigan	9,300

Medford-Klamath Falls	Oregon	13,730
Memphis	Tennessee	56,059
Meridian	Mississippi	3,875
Miami-Ft. Lauderdale	Florida	588,183
Milwaukee	Wisconsin	79,557
Minneapolis-St. Paul	Minnesota	10,795
Minot-Bismarck-Dickinson	North Dakota	11,302
Missoula	Montana	19,701
Mobile-Pensacola (Ft Walt)	Alabama	61,110
Monroe-El Dorado	Louisiana/Arkansas	19,782
Montgomery-Selma	Alabama	18,961
Myrtle Beach-Florence	Florida	38,001
Nashville	Tennessee	95,498
New Orleans	Louisiana	79,984
New York	New York	207,404
Norfolk-Portsmth-Newpt News	Virginia	75,197
North Platte	Nebraska	1,602
Odessa-Midland	Texas	11,345
Oklahoma City	Oklahoma	66,171
Omaha	Nebraska	35,793
Orlando-Daytona Bch-Melbrn	Florida	294,236
Ottumwa-Kirksville	Missouri	3,547
Paducah-Cape Girard-Harsbg	Illinois/Kentucky/Missouri	20,183
Panama City	Florida	20,405
Parkersburg	West Virginia	2,965
Peoria-Bloomington	Illinois	12,530
Philadelphia	Pennsylvania	275,638
Phoenix (Prescott)	Arizona	125,265
Pittsburgh	Pennsylvania	76,399
Portland	Oregon	87,649
Portland-Auburn	Maine	57,848
Presque Isle	Maine	4,035
Quincy-Hannibal-Keokuk	Illinois/Missouri/Iowa	7,059
Raleigh-Durham (Fayetvlle)	North Carolina	150,939
Rapid City	South Dakota	7,162
Reno	Nevada	21,251
Richmond-Petersburg	Virginia	72,720
Roanoke-Lynchburg	Virginia	49,112
Rochestr-Mason City-Austin	Minnesota/Iowa	1,317
Rockford	Illinois	12,270
Salisbury	Maryland	6,897
Salt Lake City	Utah	153,763
San Angelo	Texas	4,307

San Antonio	Texas	101,863
Savannah	Georgia	43,716
Sherman-Ada	Texas	8,850
Shreveport	Louisiana	33,634
Sioux City	Iowa	9,748
Sioux Falls(Mitchell)	South Dakota	17,460
South Bend-Elkhart	Indiana	23,907
Spokane	Washington	1,283
Springfield	Missouri	51,653
St. Joseph	Missouri	3,685
St. Louis	Missouri	120,460
Tallahassee-Thomasville	Florida	25,185
Tampa-St. Pete (Sarasota)	Florida	260,266
Terre Haute	Indiana	9,440
Toledo	Ohio	17,735
Topeka	Kansas	11,443
Traverse City-Cadillac	Michigan	24,968
Tri-Cities	Tennessee	24,187
Tucson (Sierra Vista)	Arizona	29,979
Tulsa	Oklahoma	45,241
Tyler-Longview(Lfkn&Ncgd)	Texas	22,045
Victoria	Texas	2,030
Waco-Temple-Bryan	Texas	24,708
Washington, DC (Hagerstown)		167,238
Wausau-Rhinelander	Wisconsin	20,275
West Palm Beach-Ft. Pierce	Florida	176,371
Wheeling-Steubenville	Ohio	6,687
Wichita Falls & Lawton	Texas	9,680
Wichita-Hutchinson Plus	Kansas	34,056
Wilkes Barre-Scranton	Pennsylvania	44,090
Wilmington	Delaware	31,485
Yakima-Pasco-Rchlnd-Knnwck	Oregon	1,710
Youngstown	Ohio	13,804
Yuma-El Centro	Arizona	3,313
Zanesville	Ohio	1,196

Glossary

Plan Selections: The weekly and cumulative metrics provide a preliminary total of those who have submitted an application and selected a plan. Each week's plan selections reflect the total number of plan selections for the week and cumulatively from the beginning of Open Enrollment to the end of the reporting period, net of any cancellations from a consumer or cancellations from an insurer during that time.

Because of further automation in communication with issuers, the number of net plan selections

reported this year account for issuer-initiated plan cancellations that occur before the end of Open Enrollment for reasons such as non-payment of premiums. This change will result in a larger number of cancellations being accounted for during Open Enrollment than last year. Last year, these cancellations were reflected only in reports on effectuated enrollment after the end of Open Enrollment. As a result, there may also be a smaller difference this year between plan selections at the end of Open Enrollment and subsequent effectuated enrollment, although some difference will remain because plan cancellations related to non-payment of premium will frequently occur after the end of Open Enrollment.

Plan selections will include those consumers who are automatically re-enrolled into their current plan or another plan with similar benefits, which occurs at the end of December.

To have their coverage effectuated, consumers generally need to pay their first month's health plan premium. This release does not include totals for effectuated enrollments.

New Consumers: A consumer is considered to be a new consumer if they did not have Marketplace coverage at the start of Open Enrollment.

Renewing Consumers: A consumer is considered to be a renewing consumer if they had 2015 Marketplace coverage at the start of Open Enrollment and either actively select the same plan or a new plan for 2016 or are automatically re-enrolled into their current plan or another plan, which occurs at the end of December.

Marketplace: Generally, references to the Health Insurance Marketplace in this report refer to 38 states that use the HealthCare.gov platform. The states using the HealthCare.gov platform are Alabama, Alaska, Arizona, Arkansas, Delaware,

Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

HealthCare.gov States: The 38 states that use the HealthCare.gov platform for the 2016 benefit year, including the Federally-facilitated Marketplace, State Partnership Marketplaces and State-based Marketplaces.

Applications Submitted: This includes a consumer who is on a completed and submitted application or who, through the automatic re-enrollment process, which occurs at the end of December, had an application submitted to a Marketplace using the HealthCare.gov platform. If determined eligible for Marketplace coverage, a new consumer still needs to pick a health plan (i.e., plan selection) and pay their premium to get covered (i.e., effectuated enrollment). Because families can submit a single application, this figure tallies the total number of people on a submitted application (rather than the total number of submitted applications).

Call Center Volume: The total number of calls received by the Federally-facilitated Marketplace call center over the course of the week covered by the snapshot or from the start of Open Enrollment. Calls with Spanish speaking representatives are not included.

Calls with Spanish Speaking Representative: The total number of calls received by the Federally-facilitated Marketplace call center where consumers chose to speak with a Spanish-speaking representative. These calls are not included within the Call Center Volume metric.

Average Call Center Wait Time: The average amount of time a consumer waited before reaching a customer service representative. The cumulative total averages wait time over the course of the extended time period.

HealthCare.gov or CuidadodeSalud.gov Users: These user metrics total how many unique users viewed or interacted with HealthCare.gov or CuidadodeSalud.gov, respectively, over the course of a specific date range. For cumulative totals, a separate report is run for the entire Open Enrollment period to minimize users being counted more than once during that longer range of time and to provide a more accurate estimate of unique users. Depending on an individual's browser settings and browsing habits, a visitor may be counted as a unique user more than once.

Window Shopping HealthCare.gov Users or CuidadoDeSalud.gov Users: These user metrics total how many unique users interacted with the window-shopping tool at HealthCare.gov or CuidadoDeSalud.gov, respectively, over the course of a specific date range. For cumulative totals, a separate report is run for the entire Open Enrollment period to minimize users being counted more than once during that longer range of time and to provide a more accurate estimate of unique users. Depending on an individual's browser settings and browsing habits, a visitor may be counted as a unique user more than once. Users who window-shopped are also included in the total HealthCare.gov or CuidadoDeSalud.gov user total.

###

Medicare Updates

Part A - Hospital Insurance

Part A Standard Premium -   No charge for most people (at least 40 work credits)
$411.00 per month for people with less than 30 work credits
$226.00 per month for people with 30 or more work credits

Part A Deductible for Each Benefit Period	$1,288.00
Hospital Inpatient	• $0 for days 1-60 • $322.00 a day for days 61-90 • $644.00 a day for days 91-150 (lifetime reserve days) • All costs for all days after 150
Skilled Nursing Facility	• $0 for days 1-20 • $161 a day for days 21-100 • All costs for all days after 100
Home Health Care	• $0 for home health care services • 20% of the Medicare-approved amount for durable medical equipment
Hospice Care	• $0 for hospice care You may need to pay a copayment of no more than $5 for each prescription drug and other similar products for pain relief and symptom control while you're at home. In the rare case your drug isn't covered by the hospice benefit, your hospice provider should contact your Medicare drug plan to see if it's covered under Part D. You may need to pay 5% of the Medicare-approved amount for inpatient respite care. Medicare doesn't cover room and board when you get hospice care in your home or another facility where you live (like a nursing home).

Part B - Medical Insurance

Part B deductible - $166 per year

Part B coinsurance - After your deductible is met, you typically pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment.

Part B Standard Premium - $121.80 per month (or higher depending on your income)

However, most people who get Social Security benefits will continue to pay the same Part B premium amount as they paid in 2015 ($104.90 for most people), if their Part B premium was deducted from their December 2015 and January 2016 Social Security or Railroad Retirement benefits (they are held harmless). This is because there wasn't a cost-of-living increase for 2016 Social Security benefits. You'll pay a different premium amount in 2016 if:

1. You enroll in Part B for the first time in 2016.

2. You don't get Social Security benefits.

3. You're directly billed for your Part B premiums.

4. You have Medicare and Medicaid, and Medicaid pays your premiums. (Your state will pay the standard premium amount of $121.80.)

5. Your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount.

If you're in 1 of these 5 groups, your 2016 Part B monthly premium rates are listed below.

If your yearly income in 2014 (for what you pay in 2016) was			
File individual tax return	**File joint tax return**	**File married and separate tax return**	**You pay (in 2016)**
$85,000 or less	$170,000 or less	$85,000 or less	$121.80
above $85,000 up to $107,000	above $170,000 up to $214,000	Not applicable	$170.50
above $107,000 up to $160,000	above $214,000 up to $320,000	Not applicable	$243.60
above $160,000 up to $214,000	above $320,000 up to $428,000	above $85,000 and up to $129,000	$316.70
above $214,000	above $428,000	above $129,000	$389.80

Part B Late Enrollment Surcharges/Penalties: If you don't sign up for Part B when you're first eligible, or if you drop Part B and then get it later, you may have to pay a late enrollment penalty for as long as you have Medicare. Your monthly premium for Part B may go up 10% for each full 12-month period that you could've had Part B, but didn't sign up for it.

Part D – Medicare Prescription Drug Coverage

Part D Base Beneficiary Premium - $34.10 (Used to determine any late enrollment penalty amount).

Listed below are the 2016 Part D monthly income-related premium adjustment amounts to be paid by beneficiaries who file an individual tax return (including those who are single, head of household, qualifying widow(er) with dependent child, or married filing separately who lived apart from their spouse for the entire taxable year), or a joint tax return.

File individual tax return	File joint tax return	File married and separate tax return	You pay (in 2016) Income-related monthly adjustment amount + your plan premium (YPP)
	$170,000 or less	$85,000 or less	$0.00 + YPP
above $85,000 up to $107,000	above $170,000 up to $214,000	Not applicable	$12.70 + YPP
	above $214,000 up to $320,000	Not applicable	$32.80 + YPP
above $160,000 up to $214,000	above $320,000 up to $428,000	above $85,000 and up to $129,000	$52.80 + YPP
	above $428,000	above $129,000	$72.90 + YPP

Part D deductibles, copayments, & coinsurance:

The amount you pay for Part D deductibles, copayments, and/or coinsurance varies by plan. Look for specific Medicare drug plan costs, and then call the plans you're interested in to get more details.

Part D Late Enrollment Surcharges/Penalties:

If you don't sign up for Part D when you're first eligible, or if you drop Part D and then get it later, you may have to pay a late enrollment penalty for as long as you have Part D. The cost of the late enrollment penalty depends on how long you didn't have creditable prescription drug coverage. The late enrollment penalty is calculated by multiplying 1% of the national base beneficiary premium ($34.10 in 2016) times the number of full, uncovered months that you were eligible but didn't join a Medicare prescription drug plan and went without other creditable prescription drug coverage. This final amount is rounded to the nearest $.10 and added to your monthly premium. The national base beneficiary premium may increase each year, so the penalty amount may also increase each year.

###

Upcoming Webinars

Getting Started: New to CMS Programs?
Thursday, January 21, 2016   1:00 – 2:30 pm CT
   Audio Conference Details
- Toll-free Dial In Number: 1-877-267-1577
- Conference ID: 991 959 458
- **Webinar:** https://webinar.cms.hhs.gov/gsjan2016/

This webinar will provide an introduction to Medicare, Medicaid, the Children's Health Insurance Program (CHIP), the Federally-facilitated Health Insurance Marketplace and key resources for these programs.

Medicare Monthly Update Webinar
February 2, 2016   1:30 – 2:30 pm CT
Each month we offer an update webinar featuring subject matter experts who share information on current topics to keep you up-to-date.

Join the audio portion of the webinar on 1-800-603-1774, conference ID: 95159201 and join the webinar at https://webinar.cms.hhs.gov/NTPUpdateWebinar020216.

Connecting Kids to Coverage
February 11, 2016 at 2:00 pm CT: Click here to register

> Children and teenagers in your congregation or community may qualify for free or low-cost health insurance coverage through Medicaid and the Children's Health Insurance Program (CHIP). Many parents may be eligible for Medicaid as well. Learn about the nationwide effort to identify children and youth eligible for Medicaid and the Children's Health Insurance Program (CHIP) and get them enrolled.

<div align="center">###</div>